



HART: Hope and Recovery Team

Addressing the opioid and substance use crisis in
northeast Indiana

Presenters



- **Marcia Haaff**
 - CEO, The Lutheran Foundation
- **Jeff Ripley**
 - Detective, Fort Wayne Police Department Vice and Narcotics
- **Liz Andrews-Murray, MSW, LSW**
 - Peer Recovery Services Manager, Parkview Health
- **Bethany Harper, LMHC, LCAC**
 - Intervention Services Manager, Lutheran Social Services of Indiana

Welcome



- Part of The Lutheran Foundation's priorities of mental and behavioral health
- Disease model for substance use disorder/opioid use disorder
 - Not a moral failure
 - Bio-psycho-social aspects
 - Harm reduction
- Work to reduce shame and stigma around SUD, OUD, mental health

Fort Wayne opioid, drug trends



- **Declining numbers of opioid prescriptions locally, statewide**
- **Increases in overdoses (fatal and non-fatal)**
 - 2019: 829 non-fatal, 144 fatal
 - 2020: 790 non-fatal (through August), 83 fatal (24 pending toxicology)
 - 59% increase in non-fatal overdoses year-over-year from August 2019 to August 2020
 - Increased availability, use of naloxone (Narcan)
- **Rise in methamphetamine, THC products**
 - Foreign, non-domestic origin methamphetamine
 - Two one-pot meth labs seized in 2020
 - THC likely coming from states with legal recreational use
- **Fentanyl throughout drug supply creates new overdose risk**
 - Produced abroad
 - Showing up in fake prescription pills, cocaine, methamphetamine, possibly marijuana
 - May not recognize risk for opioid overdose

What's happening locally?



- **Working across disciplines**
 - FATOS: Fort Wayne Allen County Task Force for Opioid Strategic Planning started in 2017
- **Approach: understanding trauma/ACEs, prioritizing treatment and recovery**
- **Improved access to clinical treatment, recovery systems**
 - Medication-assisted treatment (MAT): methadone, buprenorphine (Suboxone), naltrexone (Vivitrol)
 - Additional recovery residence beds for justice-involved population
- **Problem-solving courts**
 - Drug Court
 - HOPE probation

Reducing stigma through language



Words to avoid	Words to use
Addict	Person with substance use disorder
Drug abuser	Person with substance use disorder
Drug problem, drug habit	Substance use disorder
Clean	Abstinent, not actively using
Dirty	Actively using
A clean drug screen	Testing negative for substance use
A dirty drug screen	Testing positive for substance use
Former/reformed addict/alcoholic	Person in recovery, person in long-term recovery
Opioid replacement, methadone maintenance	Medication assisted treatment

- **Word choice matters!**
 - Creates or alleviates stigma
- **Shame, stigma holds people back from seeking treatment**
- **Person-first language**
- **Move away from clean/dirty mindset**

Mobile Response Team Grant: HART



- **\$2.511 million via FSSA with federal funding**
 - Funded from June 2019-September 2021
- **Focus on trauma-informed care**
 - Coordinated network of community-based services
 - Holistic, whole-person recovery
- **Population: People at risk of OUD, opioid overdose**
 - Expanding to people using stimulants this month

4 ways to connect with HART services



1. Emergency department
2. Community outreach/door knock from HART members
3. Call for services via HART hotline
4. Engagement with criminal justice system (select counties)

Patient voice and choice



Client's voluntary engagement with HART services

Not a criminal justice deferral program (*some
overdose outreach programs do this*)

Funded partners

- The Lutheran Foundation: Fiscal agent
- Parkview: Peer recovery coaches
- Fort Wayne Police Department: HART officers
- Lutheran Social Services of Indiana: Intensive case management, family support services
- Purdue Fort Wayne: Project management/grant administration



Community Research Institute

Overdose Response Team



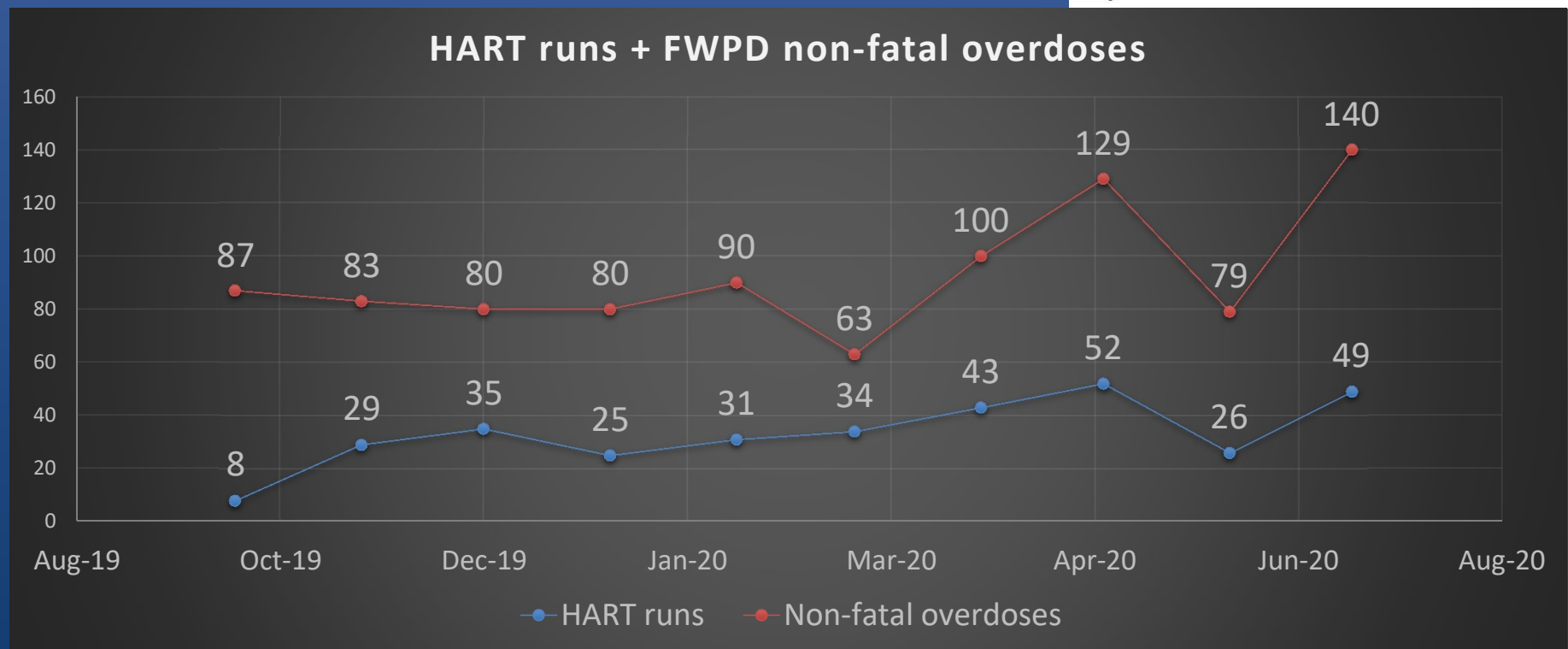
- Started in October 2019
- Field response to sites, people who experienced overdose in Fort Wayne, Allen County
- Connect within 72 hours of overdose
 - Identified from 911 calls, radio traffic, police reports
 - Do not go to scene of active overdose
- Field team: Peer recovery coach, plain-clothed Fort Wayne Police officers
 - Purpose: initiate peer recovery coaching services
 - Unmarked vehicle
 - Not an investigatory visit
 - Officer for safety, support, encouragement

FWPD: HART officers



- Two Vice and Narcotics detectives
- Started as security detail, evolved into client engagement role
- Pull police reports for suspected overdoses
 - Check for active warrants, criminal investigations
- Go out with Peer Recovery Coach 3-5 days a week
 - Afternoon site, home visits in unmarked vehicle
 - Distribute fliers, business cards with HART hotline
 - Support, encourage potential clients to engage with peer recovery services

Year 1 data: HART runs, non-fatal overdoses



Parkview: Peer Recovery Coaches



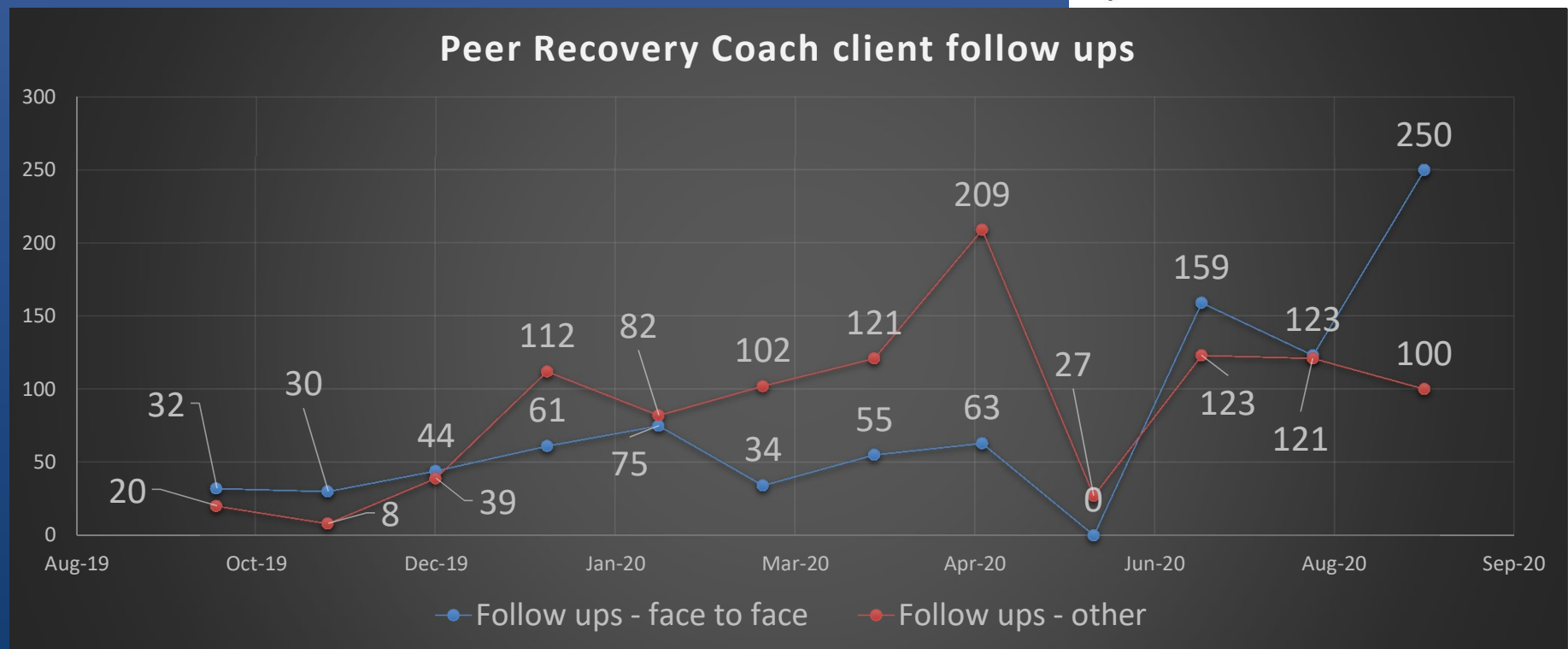
- **Philosophy: many paths to recovery**
- **Recovery occurs in stages**
 - Voice and choice: patient-centered, self-directed
- **Supportive, not directive role of coach**
 - Recovery at the center, not clinical treatment
 - Not case manager or 12-step sponsor
 - Focus on client's strengths, resiliencies
- **Provide connection to treatment, social services**
 - Harm reduction strategies
- **Coaches are allies in recovery**
 - Not all have personal lived experience with SUD/OD

Peer Recovery Coaches Con't



- Had ED coaches funded by another grant before applying for this grant
 - Finished out original grant funding and then joined this grant
- 3 field coaches
 - Overdose Response Team
- 2 coaches based with Huntington County and Wabash County criminal justice systems, community referrals, hospitals
- 3 coaches in Parkview emergency departments

Year 1 data: Coach follow-ups



LSSI: Wraparound, family support services

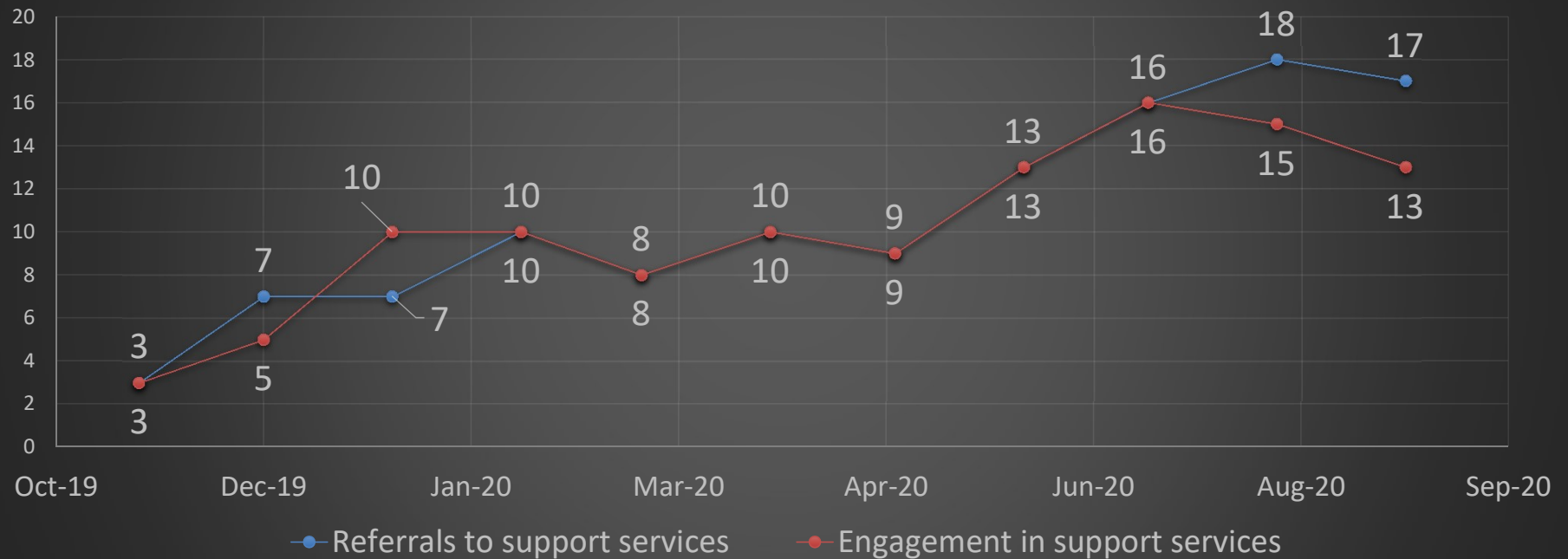


- **Intensive case management**
 - Must have completed or actively engaged with clinical treatment services
- **Stabilize needs through financial assistance and resources**
 - Can work on recovery because basic needs are met
- **Job training through Lasting Stability and Success for Individuals (LSSI) Works**
 - Holistic, multifaceted approach with goal of sustainable employment
 - Personal, professional skill development
- **Therapeutic family support services**
 - Families can engage without patient's participation

Year 1 data: Support service referrals



Case management support services



Things we learned

- **People want help**
 - Only two doors slammed in our face in a year
- **Need to have the right people on team**
 - Commitment to helping those in need
- **Ability to connect to services via phone**
 - HART hotline voicemail
- **There will be disappointments and heartbreak**
 - Overdose fatalities of HART clients
- **Hiring can be difficult**
 - Coach applicants often have criminal records



Building a successful mobile response program



- **Spirit of collaboration, cooperation**
 - Already working together on local task force before launching program
- **Training via ICAADA**
 - Peers and officers with this training
- **Teamwork and trust among team members**
 - We're all working together for the same goals: hope and recovery from opioid and stimulant use
- **Multiple agencies**
 - Different areas of knowledge, expertise to better serve clients
- **No need to go to scene at time of overdose**
 - People often more receptive to services a day or two later

Building a successful mobile response program



- **Availability of naloxone distribution**
 - Give out on initial visit, often positioned as needed for “friends or family”
- **Transportation services**
 - Uber Health, police department
- **Flexibility**
 - Hello, global pandemic!
- **Fiscal agent, program manager/grant administrator**
 - Takes care of paperwork so field team can do the work
- **Clinical services only one part of treatment/recovery**
 - Connections to clinical services but focus on holistic, patient-centered recovery
- **Develop plan to manage staff emotions, burnout**
 - This is tough, demanding work



Questions?

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